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FORM D	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weshington, D.C. 20549	OMB APPROVAL OMB Number: 3235-0076 Expires: April 30,2008
RECEI.	FORM D	Estimated average burden hours per response16.00
	OTICE OF SALE OF SECURITI	Prefix Seriel
	PURSUANT TO REGULATION I	·
185/6 UNIFO	SECTION 4(6), AND/OR	DATE RECEIVED
UNIFO	RM LIMITED OFFERING EXEM	MPTION
	nent and name has changed, and indicate change.) NOENIX RECEIVABLES F	IND II, LLC.
Filing Under (Check box(es) that apply): Ru Type of Filing: New Filing Amendmen	sle 504 Rule 505 Rule 506 Section 40	(6)
	A BASIC IDENTIFICATION DATA	
Enter the information requested about the issue	A. BASIC IDENTIFICATION DATA	
Name of Issuer (Pathock if this is an amendment		07067302
· · · · · · · · · · · · · · · · · · ·	eccimbles Fund II, LL	01001302
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Tetephone Number (Including Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State 700 Code	Telephone Number (Include TROCESSE
	BEST AVAILABLE	111/01/01/01/01
Brief Description of Business EQUIPI	pent leasing + F	Enancing MAY 2 1 2007
Type of Business Organization	h	- CONTRACTED
	ed partnership, already formed Control of partnership, to be formed	(please specify):
- Juanes dest	<u> </u>	-IMI to Liability Confa
Actual or Estimated Date of Incorporation or Organization: (Enti-	ization: OS OZ Actual Es	
GENERAL INSTRUCTIONS	To Canada, 114 for Ones Toreign januaretton)	
Federal:	urities in reliance on an exemption under Regulation	D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than and Exchange Commission (SEC) on the earlier of the which it is due, on the date it was mailed by United	he date it is received by the SEC at the address given	ng. A notice is deemed filed with the U.S. Securities a below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Com-	mission, 450 Fifth Street, N.W., Washington, D.C.	20549.
Copies Required: Five (5) copies of this notice mus photocopies of the manually signed copy or bear type	t be filed with the SEC, one of which must be manu ed or printed signatures.	ally signed. Any copies not manually signed must be
Information Required: A new filing must contain al thereto, the information requested in Part C, and any not be filed with the SEC.	Il information requested. Amendments need only re material changes from the information previously su	port the name of the issuer and offering, any changes opticed in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	•	
State:	l	·
ULOE and that have adopted this form. Issuers re are to be, or have been made. If a state requires the	lying on ULOE must file a separate notice with the payment of a fee as a precondition to the claim	r sales of securities in those states that have adopted e Securities Administrator in each state where sales for the exemption, a fee in the proper amount shall w. The Appendix to the notice constitutes a part of

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

- ATTENTION -

			A. BASIC ID	ENTIF	CATION DATA				
2. Enter the information of	equested for the fol	lowing:				-			
 Each promoter of 	the issuer, if the is:	suer has bee	n organized w	vithin th	e past five years;		•		
	· ·	l l							s of equity securities of the issuer.
 Each executive off 	ficer and director o	f corporate	issuers and of	corpora	ite general and mai	næging	partners of	partne	rship issuers; and
 Each general and i 	managing partner o	f partnershi	p issuers.						
Check Box(es) that Apply:	Promoter	Bene	ficial Owner		Executive Officer		Director	Þ	General and/or Managing Partner
Full Name (Last name first,	if individual)	De	=Smai	VD	, ETIL	<u> </u>	•		
Business or Residence Addre	Number and		State, Zip Co	} /3	1 50	Su-	Ant Director	oni	0,700 7800
Check Box(es) that Apply:	Promoter	Bene	ficial Owner		Executive Officer	0	Director	0	General and/or Managing Partner
Full Name (Last name first,	if individual)								
Business or Residence Addre	rss (Number and	Street, City	, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	Bene	ficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		· · · · · · · · · · · · · · · · · · ·	· · · · · ·					
Business or Residence Addre	css (Number and	Street, City	, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter	Bene	eficial Owner		Executive Officer		Director	0	General and/or Managing Partner
Full Name (Last name first,	if individual)				**				
Business or Residence Addre	ess (Number and	Street, City	. State, Zip C	odc)					
Check Box(es) that Apply:	Promoter	Bene	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Business or Residence Addre	ess (Number and	Street, City	, State, Zip C	ode)	···-				
Check Box(es) that Apply:	Promoter	Bene	eficial Owner		Executive Officer		Director	0	General and/or Managing Partner
Full Name (Last name first,	if individual)			<u> </u>					
Business or Residence Addre	css (Number and	Street, City	, State, Zip C	ode)	***************************************		· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	Promoter	Bene	ficial Owner		Executive Officer	0	Director	<u> </u>	General and/or Managing Partner
Full Name (Last name first,	if individual)	<u>-</u>							
Business or Residence Addre	css (Number and	Street, City	, State, Zip C	(ode)					
	(Use bla	nk sheet, or	copy and use	additio	nal copies of this s	ibeet, a	us necessary	y)	

					;			* 42000					
L					B. IN	FORMAT	ION ABOU	TOFFERE	NG				
1.	Has the	iesner sold	or does the	e issner im	end to sell	l to pon-s	ccredited is	nvestors in	this offeri	ne?		Yes	No No
••	1103 010	33401 3014,	or ages in				Column 2					_	¥.
•	Michael Ja		m investm		!							. /	0-0
2.	What is	លេខ យារបាយស	m investini	ent inai wi	ii be accep	nea trom s	my mureta	ua: /	*************	,	**************	*/	N-
3.	Does the	offering p	ermit joint	ownersbip	of a singl	e unit?			esacos-constensor-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	Yes 120	No
4.					•					-	irectly, any	·	
											he offering. with a state		
											ons of such		
	a broker	or dealer,	you may se	t forth the	informatio	on for that	broker or o	icaler only	,				
Fui	Name (L	ast name fi	irst, if indiv	/idual)									
Bus	iness or F	Residence /	Address (No	imber and	Street, Cit	y, State, Z	ip Code)						
Nar	ne of Ass	nciated Bro	ker or Dea	ler	ļ	· · · · · · ·						·····	
					1								
Sta	es in Wh	ich Person	Listed Has	Solicited (or Intends	to Solicit I	Purchasers	·					
	(Check	'All States'	or check i	ndividual	States)			•••••	£}114944974744444			⊠ All	States
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	MT) (RT)	NE SC	SD)	[NH]	<u>נא</u>	(VM)	NY VT	NC VA	WA WA	[W ∇]	(WI)	WY	PR
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Ful	Name (I	ast name fi	irst, if indiv	/idual)	1								
Bus	iness or	Residence	Address (N	umber and	Street, Ci	ty, State, 2	Zip Code)						
							<u> </u>		 .				
Nar	ne of Ass	ociated Bro	ker or Dea	ler	ĺ								
Stat	es in Whi	ich Person	Listed Has	Solicited (ni Intends	to Solicit I	Purchasers						<u></u>
			or check i		1							[] All	States
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	AL	AK	AZ	AR	CA	င္သေ	CT	DE	DC	Œ	GA	HO	Œ
		(IN)	IA.	<u>(KS)</u>	KY	I.A.	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NΥ	NH	N	NM)	NY TUE	NC)	ND	QH)	OK)	OR	PA
	RI	SC	SD	TN	TX	WT)	VT	VA.	WA	(WV)	[WI]	WY	PR
Ful	Name (L	ast name f	irst, if indiv	ridual)	Ï								
Bus	iness or	Residence	Address (N	umber and	 Street, Ci	tv. State 2	Zip Code)						
			,			3, ,							
Nar	ne of Ass	ociated Bro	ker or Dea	cr									
Stat	tes in Whi	ich Person	Listed Has	Solicited (or Intends	to Solicit I	Purchasers						
	(Check	'All States"	or check i	ndividual	States)						•••••••	☐ All	States
	AL	AK	AZ)	AR	CA	<u>[[]</u>	[CT]	DE	DC	FL	GA	(HI)	[]
		(N)		(KS)	KY		ME	MD	MA	MI	MN	MS	MO
	MT	NE	ম্ব	(NR)	(NI	MM	সিপ	NC	<u> </u>	<u>OH</u>	OK	OR	PA
	RI	SC	SD	M	IX	UT	(VT)	VA	WA	WV	(WI)	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Equity Common Preferred Convertible Securities (including warrants) Partnership Interests ______ Other (Specify _ 0.00 0.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors..... Ø Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold 0 Rule 505 Regulation A Rule 504 \$ 0.00 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... Legal Fees..... Accounting Fees

0.00

Total

Other Expenses (identify)

_	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEED	<u></u>			7
L	b. Enter the difference between the aggre and total expenses furnished in response to	gate offering price given in response to Part C — Question 1 Part C — Question 4.a. This difference is the "adjusted gross		<u>-</u>	. 0.	.00	_1
5.	Indicate below the amount of the adjusted each of the purposes shown. If the amou	gross proceed to the issuer used or proposed to be used for nt for any purpose is not known, furnish an estimate and			S		-
	check the box to the left of the estimate. To proceeds to the issuer set forth in response	to total of the payments listed must equal the adjusted gross to Part C — Question 4.b above.					
			Paymer Offic Directo	ers,	i	ayments to	
			Affilia	•		Others	
	Salaries and fees	[_	\$		_
	Purchase of real estate] S	 	. □s		_
	Purchase, rental or leasing and installation	n of machinery]\$		⊠.c	1,000	, <i>(500</i> .0:
	Construction or leasing of plant building	s and facilities[_ □ s		
	Acquisition of other businesses (including			1			
	offering that may be used in exchange fo	r the assets or securities of another	35	1			
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	Office (specify).		········		٠ ٣		
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	Column Totals		ղ <u>s_</u> 0.00/		. □s	0.00	_
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Г		D. FEDERAL SIGNATURE					7
sig the	nature constitutes an undertaking by the iss information furnished by the issuer to any	ed by the undersigned duly authorized person. If this notice per to furnish to the U.S. Securities and Exchange Commission-accredited investor pursuant to paragraph (b)(2) of R	sion, upor Lule 502.				
	ucr (Print or Type) PNIX Neceluables Fund II,		Date -	5	4	٥>	
	me of Signer (Print or Type) ERIC W. Des	Title of Signer (Print or Type)	Mone	—— Э			_
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- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE S	GNATURE		_	
1.	Is any party described in 17 CFR 2. provisions of such rule?				Yes	No IXO
		See Appendix, Column	5, for state respon	sc.		•
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times	,	lministrator of any	state in which this notice is f	filed a noti	ce on Forn
3.	The undersigned issuer hereby unde issuer to offerees.	ertakes to furnish to the state	administrators, up	on written request, informa	tion furnis	shed by th
4.	The undersigned issuer represents t limited Offering Exemption (ULOE of this exemption has the burden of) of the state in which this no	tice is filed and unc	terstands that the issuer clai		
	ter has read this notification and knows thorized person.	the contents to be true and ha	s duly caused this n	otice to be signed on its beha	alf by the u	ndersigne
-	Print or Type) * Necel VAbles Fun I	D. L. Signature		Date	107	>
Name (F	Print or Type)	Title (Print or Ty)c)	_		
En	ic W. Desmin	d En	c W	Desman		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					AP	PENDIX				
. 1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of sec and aggre offering pri offered in st (Part C-Item	gate ice ate		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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AK										
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[APP	ENDIX					
ī	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of se to sell and aggre credited offering pr in State offered in s			Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		 	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of sec and aggre offering pr offered in s (Part C-iten	gate ice tate		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY				 							
PR											
	/				Λ	VA	ACCRESTON ONLY	Oiko S		`	